ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):	TELEPHONE NO.:	FOR COURT USE ONLY
_		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF		
STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
PLAINTIFF:		
DEFENDANT:		
EMPLOYEE:		
DDOOF OF DEDCOMAL CERVICE (L	. (CASE NUMBER:
PROOF OF PERSONAL SERVICE (Harassment	of Employee)	
DEDSON	IAL SERVICE	<u> </u>
Instructions: After having the other party served with any of	NAL SERVICE	in item 1 have the person who served the
documents complete this Proof of Personal Service. Give the c plaintiff nor the defendant can serve these papers.		
1. I served a copy of the following documents (check the box bef	ore the title of each docun	nent you served):
a. Order to Show Cause (Harassment of Employee) and Temporary Restraining Order		
b. Petition for Injunction Prohibiting Harassment of Emp Application for Temporary Restraining Order	oloyee	
c. blank Response to Petition for Injunction Prohibiting	Harassment of Employee	
d. Order After Hearing on Petition for Injunction Prohibit	ing Harassment of Employ	yee
e. completed Response to Petition for Injunction Prohib	iting Harassment of Emplo	pyee
f. other (specify):		
2. Person served (name):		
3. By personally delivering copies to the person served, as follow(1) Date: (2) Time:(3) Address:	s:	
4. At the time of service I was at least 18 years of age and not a	party to this cause.	
I declare under penalty of perjury under the laws of the State of	f California that the forego	ing is true and correct.
Date:		
(TYPE OR PRINT NAME)	<u>,</u>	(SIGNATURE)
(See reverse for	proof of service by mail)	

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):	TELEPHONE NO.:	FOR COURT USE ONLY
-		
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF		
STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
PLAINTIFF:		
DEFENDANT:		
EMPLOYEE:		
		CASE NUMBER:
PROOF OF SERVICE BY MAIL (Harassment	of Employee)	
(1 1,111,	
ÇEDV	ICE BY MAIL	
Instructions to Defendant: After having the plaintiff served by	=	iments identified in item 1, have the person
who mailed the documents complete this Proof of Service by N		
You cannot serve these papers. An unsigned copy of the Proof of	· · · · · · · · · · · · · · · · · · ·	
rea calmet conte ancee paperent in alleginea copy of and three is	. Corried by man emeana s	
I. I served a copy of the following documents:		
a. completed Response to Petition for Injunction Prohib	iting Harassment of Emplo	byee
b. other (specify):		
2. I deposited a true copy of each of the foregoing documents in	the United States mail, in	a sealed envelope with postage fully prepaid.
The envelope was addressed and mailed as follows:		
a. Name of person served:		
b. Address:		
c. Date of mailing:		
d. Place of mailing (city and state):		
d. I lade of maining (only and state).		
3. I am over the age of 18 and not a party to this cause. I am a	resident of or employed in	n the county where the mailing occurred. My
residence or business address is (specify):		
	(Outrout du tet d	
I declare under penalty of perjury under the laws of the State of	of California that the forego	oing is true and correct.
Data		
Date:		
	k	
	<u> </u>	
(TYPE OR PRINT NAME)	proof of personal service)	(SIGNATURE)
(See reverse for p	noor or personal service)	